

1500 East Sixth Avenue P.O. Box 200139 Helena, MT 59620-0139 406-444-3134 866-600-4045 www.trs.mt.gov

FORM 123: Beneficiary Designation for Active Members

This form is not for use by TRS members who have already retired or have applied for retirement benefits

Please type or print legil	oly in dark ink						
	y to the information provided	d on this form:					
☐ I am a new TRS me	ember	☐ I have changed my name					
☐ I am changing my beneficiary(ies)☐ I am attaching TRS Form 123A for additional beneficiaries				☐ I have a new address☐ I have a new phone number			
Member Informatio	n			, , ,			
				/			
Full Name: First	Middle	Last	Suffix	Date of Birth (mm/dd/ — — —	′уууу)		
Maiden or other name	previously reported to TRS			Social Security Number	er		
Mailing Address (include	le city, state, and Zip +4)						
()	- Number	С	□ Single □ Married	l □ Widowed □ Divorceo Marital Status	d		
and/or trust named on the	fy that I have read and under	es). In the event of my d	leath prior to retireme	. I hereby designate the personent or withdrawal of my according behalf to my designated			
beneficiary(ies) as indic	ated on this beneficiary desi	ignation form.					
Member's Signature			Da	te			
State of							
County of							
This instrument was sig	ned before me by			on the	day		
of	, 20						
		-	*				
		IVIV commission 6	expires:				

Beneficiary Designation Information

If you die while an active or inactive member of TRS (before you either withdraw your accumulated contributions or retire), the beneficiary(ies) you designate on this form will receive a lump-sum refund of your accumulated contributions and interest. In lieu of a lump-sum refund, an individual you designate as a beneficiary may be entitled to elect to receive a monthly benefit for his/her lifetime.

Requirement to Designate A Beneficiary - Order of Payment

You <u>must</u> designate one *primary* beneficiary, and you may designate more than one. You may designate one or more *contingent* beneficiaries. Any benefit payable upon your death will be paid in the following order of priority:

- 1. To any surviving *primary* beneficiary(ies), in equal shares.
- 2. If there is no surviving primary beneficiary, to any surviving *contingent* beneficiary(ies), in equal shares.

Estate or Trust as Beneficiary

TRS will pay only a lump-sum refund of your accumulated contributions, and the \$500 death benefit if applicable, to your estate or trust. A monthly benefit will not be paid to your estate or trust or to an heir or beneficiary of your estate or trust. You may designate your estate or trust *only* as your sole beneficiary or as your sole contingent beneficiary.

- **Estate:** TRS will make payment to your estate only if your estate is probated. TRS will not make payment to your estate through an individual you designate in your will or other document as your personal representative or executor, but who is not appointed in that capacity by a probate court following your death.
- Trust: You may designate your trust as a beneficiary only if the following requirements are satisfied: 1) the trust must legally exist at the time of designation, and trust documentation must be provided to TRS; 2) the trust must have been created by you as trustor; and 3) you must direct payment to the trust in the name of an individual (not you) who is trustee for the trust.

Minor Child as Beneficiary

TRS is prohibited by law from making payment of any amount of money directly to a minor child (under age 21). In certain circumstances, TRS may make payment on behalf of a minor child to the child's guardian (an adult with legal custody of the child). In other circumstances, TRS may only make payment on behalf of a minor child to a court-appointed conservator, a court-appointed guardian, or a custodian designated by you in conformity with the Montana Uniform Transfers to Minors Act (*Title 72, chapter 26, MCA*). Therefore, if you designate a minor child as your beneficiary, you should also designate an adult custodian to receive the benefits on behalf of the minor child. If you do not designate a custodian, TRS may withhold payment of benefits to the minor child until a court appoints a conservator or guardian or until the child attains age 21.

Removing Your Spouse as Your Beneficiary

Under TRS law, you are not required to designate your spouse as your beneficiary; however, once you have designated your spouse as your beneficiary, you may not remove your spouse as your beneficiary or reduce his/her beneficiary interest if a divorce is pending. If your instructions on this form will have the effect of reducing or revoking the beneficiary interest of a current beneficiary identified as your spouse (even if you are now divorced), you must also complete a Certification of Marital Status – Spouse/Beneficiary form (TRS Form 147).

Effect of this Beneficiary Designation

This beneficiary designation form revokes all prior beneficiary designations you have submitted to TRS. This form must fully identify all beneficiaries you want to designate at this time. This beneficiary designation form will remain in effect until such time as TRS receives a new and effective beneficiary designation form from you, you withdraw your accumulated contributions, or you retire. If you do not have an effective beneficiary designation on file at the time payment is to be made, TRS will pay benefits to your estate or to your surviving next of kin in the priority designated in 19-20-717, MCA.

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Member Name					Social Security Number		
	esignation(s) e all requested information, including a Social Secone effect if all the required information is not provide		mber, for eac	h designat	ed beneficiary. TRS cannot		
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	Date of Birt (mm/dd/yyyy		Social Security or Tax ID #		
Relationship to Member: ☐ Legal Spouse ☐ Child ☐ Other (specify): Mailing address					Gender: Female Male Phone number		
Pay to: ☐ As cus	todian for minor child						
Full Name, Address	s, and Phone Number (custodian or trustee)						
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	(mm/dd/yyyy)		Social Security or Tax ID #		
	ember: ☐ Legal Spouse ☐ Child ☐ Other (specify):			Gender: ☐ Female ☐ Male			
Mailing address					Phone number		
	todian for minor child						
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	le) □ Please check if this is a minor child □ Date of Bir (mm/dd/yyy			Social Security or Tax ID #		
Relationship to Member: ☐ Legal Spouse ☐ Child ☐ Other (specify):					Gender: ☐ Female ☐ Male		
Mailing address					Phone number		
Pay to: ☐ As cus	todian for minor child						
Full Name, Address	s, and Phone Number (custodian or trustee)						
		_					
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	Date of Birt (mm/dd/yyyy		Social Security or Tax ID #		
Relationship to Member: Legal Spouse Child Other (specify): Mailing address					Gender: □ Female □ Male Phone number		
Pay to: As cus	todian for minor child						
Full Name, Address	s, and Phone Number (custodian or trustee)						

				_			
Member Name			_	Socia	al Security Number		
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	Date of Birth (mm/dd/yyyy)		Social Security or Tax ID #		
	ember : ☐ Legal Spouse ☐ Child ☐ Other (<i>specify</i>):		Gender: [□ Female □ Male			
Mailing address				Phone nu	ımber		
Pay to: ☐ As cust	todian for minor child						
Full Name, Address	s, and Phone Number (<i>custodian or trustee</i>)						
☐ Primary Beneficiary ☐ Contingent	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	Date of Birt (mm/dd/yyy)		Social Security or Tax ID #		
Beneficiary							
	ember: ☐ Legal Spouse ☐ Child ☐ Other (specify):			Gender: ☐ Female ☐ Male			
Mailing address					Phone number		
Pay to: As cust	codian for minor child						
Full Name, Address	s, and Phone Number (<i>custodian or trustee</i>)						
☐ Primary	Full Name (Trust or Estate if applicable)	☐ Please check	Date of Birt	h	Social Security or		
Beneficiary Contingent Beneficiary	Turi Hame (Hast of Estate 4 applicable)	if this is a minor child	(mm/dd/yyy)		Tax ID #		
	ember : ☐ Legal Spouse ☐ Child ☐ Other (<i>specify</i>):			Gender: ☐ Female ☐ Male			
Mailing address					Phone number		
Pay to: ☐ As cust	todian for minor child						
Full Name, Address	s, and Phone Number (custodian or trustee)						
☐ Primary Beneficiary ☐ Contingent Beneficiary	Full Name (Trust or Estate if applicable)	☐ Please check if this is a minor child	Date of Birt (mm/dd/yyy)		Social Security or Tax ID #		
Beneficiary Contingent Beneficiary	Full Name (Trust or Estate if applicable) ember: □ Legal Spouse □ Child □ Other (specify):	if this is a		/)			
Beneficiary Contingent Beneficiary		if this is a		/)	Tax ID # ☐ Female ☐ Male		
Beneficiary Contingent Beneficiary Relationship to M Mailing address		if this is a		() Gender: [Tax ID # ☐ Female ☐ Male		

If you need additional space for beneficiary designations, please visit our website at trs.mt.gov or contact TRS to obtain a Beneficiary Designation Attachment (TRS Form 123A). Form 123A must also be signed and notarized, and it must be attached to and submitted with this beneficiary designation form.